

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family (DDDH)	CHAPTER 89
Address: 94-035 Nawaakoa Place, Waipahu, Hawaii, 96797	Inspection Date: October 11, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p><u>FINDINGS</u> No documentation available for review for the following –</p> <p>Family/Household Member (HHM) #1:</p> <ul style="list-style-type: none"> Physical exam clearing of infectious disease. Hx of two-step tuberculosis skin test. <p>HHM #2:</p> <ul style="list-style-type: none"> Physical exam clearing of infectious disease. Hx of two-step tuberculosis skin test. <p>HHM #3:</p> <ul style="list-style-type: none"> Physical exam clearing of infectious disease. Hx of two-step tuberculosis skin test. <p>HHM #4:</p> <ul style="list-style-type: none"> Physical exam clearing of infectious disease. Result of positive Tuberculosis skin test. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Household member 1, 2, 3 had a second skin test for T.B clearance. HHM # 4 Physical exam clearance for infectious disease. Household member results for infectious disease clearance enclosed.</i></p>	<p><i>Oct. 12, 2019</i></p> <p>19 OCT 22 P 3:48</p>

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<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p><u>FINDINGS</u> No documentation available for review for the following –</p> <p>Family/Household Member (HHM) #1:</p> <ul style="list-style-type: none"> Physical exam clearing of infectious disease. Hx of two-step tuberculosis skin test. <p>HHM #2:</p> <ul style="list-style-type: none"> Physical exam clearing of infectious disease. Hx of two-step tuberculosis skin test. <p>HHM #3:</p> <ul style="list-style-type: none"> Physical exam clearing of infectious disease. Hx of two-step tuberculosis skin test. <p>HHM #4:</p> <ul style="list-style-type: none"> Physical exam clearing of infectious disease. Result of positive Tuberculosis skin test. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future all House hold members and future clients admitted to my residence will follow policy and procedure in obtaining clearance of infectious disease. Hx of step-two Tuberculosis skin Test will be done. And all necessary paper work will be available for review.</p>	<p>Nov. 12, 2019</p> <p>ENCLOSURE NOV 15 2019</p>

Licensee's/Administrator's Signature: Nancy Olivaréz

Print Name: NANCY OLIVAREZ

Date: October 11, 2019

Licensee's/Administrator's Signature: Nancy Olivaréz

Print Name: NANCY OLIVAREZ

Date: November 12, 2019

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STATIONING

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